

07 FEB 2006

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541057

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
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22		0		/		
23		1		/		
24	/		/			
25		1		/		
26		1		/		
27		2		/		
28		0		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
38		0		/		
39	/		/			
40	/		/	/		
41		2		/		
42		2		/		
43		0		/		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	43	←	40	←		←
TOTAL CLAIMS	47		43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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